

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 147  
Registered No. 520

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thelma Alice Williams { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Feb. 17, 1926  
Month Day Year

8. FATHER  
Full name Albert C. Williams

9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 52 (Years)

12. Birthplace (city or place) Dennison  
(State or country) Texas

13. Occupation  
Nature of industry Carpenter

14. MOTHER  
Full maiden name Dora Maud Shields

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Cauc 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Del Norte  
(State or country) Colorado

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 3  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 2 A m. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 10, 1926 C. E. Finn  
Registrar Registrar

362-217-422